

**RESPIRATORY MEDICINE CMT (Concise Medical Textbook).** By DC Flenley.  
(Pp 263, Figs 88, Table 1. Paperback £6.50). London: Bailliere Tindall, 1981.

FOR many years there have been several excellent reference books on Thoracic Medicine, such as Crofton and Douglas and Frazer and Paré. Until very recently there have been very few good concise textbooks available.

The early chapters, not surprisingly, deal with pulmonary physiology. This very complex subject has been treated in a simple and readable manner. So many authors manage to make this relatively straightforward topic totally incomprehensible even to those who have a fair knowledge of the subject.

In the chapter on pneumonia, it was pleasing to see the importance of a Gram's stain being emphasised in the diagnosis of the offending organism. As might be expected the chapters on chronic bronchitis and emphysema are very good. The management of asthma reflects the Edinburgh style and is all the better for it. The author states that "treatment is best considered as that of the acute attack of asthma, followed by preventive medicine which aims to inhibit the development of further attacks of asthma" and, later on, in a reference to the number of asthmatic deaths in the United Kingdom, he states "the suspicion remains that efficient delivery of our present methods of treatment should reduce this figure, this idea lying behind the emergency of asthma self-admission schemes available for known severe asthmatics". Much more should be made of this. The greatest advance in asthma will occur, not as a result of new discoveries under the electron microscope, but when doctors are able to understand and use correctly the drugs presently available.

The chapter on Adult Respiratory Distress Syndrome and, later on, on Non-cardiogenic Pulmonary Oedema, should be mandatory reading for all doctors. should they be surgeons, obstetricians or general practitioners.

I was surprised and disappointed that byssinosis did not even receive a mention in the chapter on Occupational Lung Diseases.

When I need to check some aspect of pulmonary medicine I always start with a simple textbook before proceeding to reference works and journals. I recommend this policy to all my students and shall send them and colleagues to this excellent book written in the very readable style of a first class lecturer.

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**CONTROVERSIES IN CLINICAL CARE.** Edited by Victor M Rosenoer, MD,  
and Marcus Rothschild, MD. (Pp 234. £17.75). Lancaster: MTP Press, 1981.

CONTROVERSY in medicine is not new. Unfortunately modern sophisticated methods of studying the effectiveness of new therapies have not reduced the controversy. In the opening chapters of this book it is shown how faulty methods of analysis and incomplete reporting of the results of clinical trials can contribute to controversy.

The remaining chapters deal with 10 aspects of clinical care where controversy is rife. These range from the treatment of alcoholism to the management of borderline hypertension, and include two papers on the quality of control in diabetes. These are relatively concise and useful summaries of recent publications on each subject.

Sometimes the authors conclude that recent work has largely settled the controversial question. For example the chapter on mild hypertension ends with the statement "an aggressive approach to therapy, including pharmacotherapy, is now justified in many individuals with mild systemic hypertension". In other chapters it is frankly admitted that the question